

## CUSTODIAN AUTHORIZATION

Please use this form to tell us the custodian named on the UGMA/UTMA funds recently deposited into your GET account. The custodian controls the account and signs all documents until the account owner turns 18.

### GET Account Information

|                     |            |                  |
|---------------------|------------|------------------|
| GET Account Number  | <hr/>      |                  |
| Account Owner       | <hr/>      |                  |
|                     | Name <hr/> | SSN or TIN <hr/> |
| Student Beneficiary | <hr/>      |                  |
|                     | Name <hr/> | SSN or TIN <hr/> |

### Custodian Information

|                                    |            |            |                                    |
|------------------------------------|------------|------------|------------------------------------|
| Name (First, Middle, Last, Suffix) | <hr/>      |            |                                    |
| SSN or TIN                         | <hr/>      |            |                                    |
| Birth Date                         | <hr/>      |            |                                    |
| Street Address/Apartment Number    | <hr/>      |            |                                    |
| Post Office Box Number             | <hr/>      |            |                                    |
| City/State/Zip Code                | <hr/>      |            |                                    |
| Email Address                      | <hr/>      |            |                                    |
| Telephone Numbers                  | <hr/>      |            |                                    |
|                                    | Home <hr/> | Work <hr/> | Other (Please specify type.) <hr/> |

### Custodian's Signature – Required

*I certify under penalty of perjury that I am the custodian for the UGMA/UTMA monies that fund this GET account and that all the above information is true and correct. As the custodian of this account, I accept and agree to act under the terms of the UGMA or UTMA. I agree to all terms and conditions of the GET Master Agreement.*

|                             |            |
|-----------------------------|------------|
| Custodian's Signature <hr/> | Date <hr/> |
|-----------------------------|------------|

**Send to:** Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318